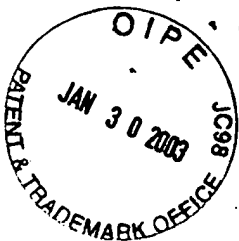


#6/Supl
B

2-4-03

L. Spruell



03560.002855

PATENT APPLICATION

fee OK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KOICHIRO KAWAGUCHI

Appln. No.: 09/900,949

Filed: July 10, 2001

For: RECORDING APPARATUS

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Examiner: J. Culler

Group Art Unit: 2854

January 30, 2003

RECEIVED
JAN 31 2003
TC 2800 MAIL ROOM

Commissioner for Patents
Washington, DC 20231

SUPPLEMENTAL AMENDMENT

Sir:

Further to the Amendment filed January 7, 2003, the Examiner is respectfully requested to amend the above-identified application as follows.

IN THE SPECIFICATION:

Please substitute the paragraph starting at page 19, line 19 and ending at page 20, line 6 with the following replacement paragraph. A marked-up copy of this paragraph, showing the changes made thereto, is attached.

B



In re Application of:

Docket No.: 03560.002855

KOICHIRO KAWAGUCHI

Application No.: 09/900,949

Examiner: J. Culler

Filed: July 10, 2001

Group Art Unit: 2854

For: RECORDING APPARATUS

Date: January 30, 2003

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

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TOLSON MAIL ROOM

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	27	MINUS	27	= 0	x \$ 9 \$18	\$0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

Respectfully submitted,


Attorney for Applicant

Registration No. 33,628

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

MAW\mt
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